

# The impact of modern lifestyles on cognitive development in growing individuals

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## Abstract

**Aim.** This study explores the relationship between modern lifestyle factors, particularly oral breathing, and its impact on neurocognitive development in children and adolescents. The study seeks to understand how lifestyle modifications, including screen time management, physical activity, and proper respiratory health, can improve pediatric populations’ cognitive and emotional well-being. **Materials and Methods.** A narrative review approach was employed to synthesize current evidence on the influence of modern lifestyles on oral breathing and its implications for neurocognitive development. Clinical studies and primary research articles published between 2004 and 2024 were systematically reviewed. **Keywords** used in three databases in the search included “oral breathing,” “neurocognitive disorders,” “digital technology,” “sedentary behavior,” “posture,” and “pediatric cognitive development.” **Inclusion criteria** included studies involving human subjects focusing on oral breathing, neurocognitive disorders, lifestyle, and sedentary behavior. **Exclusion criteria** excluded studies conducted on animals, in vitro experiments, reviews, case reports, commentaries, and letters. **Conclusions.** The findings suggest that oral breathing is significantly linked to various neurodevelopmental challenges, including ADHD and ASD, exacerbated by poor oxygen exchange and disrupted sleep patterns. The increasing prevalence of sedentary behavior and screen time contributes to dysfunctional breathing patterns, highlighting

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**the need for targeted interventions. These include promoting nasal breathing, encouraging physical activity, and improving postural habits to support holistic development. The study also identifies gaps in existing research and emphasizes the importance of interdisciplinary collaboration for effective management and prevention. Technological advancements and sedentary lifestyles have introduced new challenges to childhood development, notably oral breathing, which impacts neurocognitive outcomes. By addressing these challenges through comprehensive interventions, including lifestyle adjustments and early detection of dysfunctional breathing patterns, children can achieve better cognitive and emotional health, ultimately fostering healthier development in an increasingly digital world.**

**Keywords: Oral breathing, Neurocognitive development, Sedentary behavior, Pediatric cognitive development**

## Introduction

Technological advances and lifestyle changes have significantly affected childhood development in the contemporary era. Increased dependence on smartphones, digital devices, and sedentary habits from an early age has reshaped children's interactions with their environment, affecting physical, cognitive, and emotional well-being (1–15). A significant concern arising from these changes is the prevalence of oral breathing, a pattern characterized by breathing through the mouth rather than the nose (16–21). This phenomenon is often caused by anatomical and genetic factors such as structural abnormalities such as a deviated nasal septum, enlarged tonsils, or craniofacial malformations; by environmental influences, such as allergies, frequent upper respiratory infections, and exposure to environmental irritants; and by bad habits and behavioral and lifestyle factors, such as pacifier, thumb, or lip sucking; and, last but not least and increasingly, prolonged screen time, sedentary behavior, and poor postural habits that contribute to nasal obstruction and encourage oral breathing (22–30). Recent evidence suggests that these lifestyle changes may also contribute to the increased prevalence of neurodevelopmental disorders such as attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) (31–40). Inappropriate use of digital devices, characterized by excessive screen time and insufficient regulation of content and duration, has been associated with altered sleep patterns, reduced attention span, and increased emotional dysregulation in children, key features commonly observed in both ADHD and ASD (41–45). Oral breathing compounds these challenges by affecting oxygen exchange and sleep quality. Reduced oxygenation, a consequence of oral breathing, may impair brain areas responsible for executive function, emotional regulation, and sensory integration, all of which are frequently disrupted in ADHD and ASD (7,46–50). Additionally, the prevalence of sleep-disordered breathing (SDB) in mouth-breathing children may further exacerbate the attention deficit, hyperactivity, and behavioral problems commonly observed in these conditions (51–53).

Studies have indicated that children with SDB are

at increased risk of being misdiagnosed with ADHD due to overlapping symptoms such as inattention, impulsiveness, and poor academic performance (54–61). In the context of ASD, inadequate sleep and oxygenation due to oral breathing may amplify sensory sensitivity and difficulties in social interaction (62–67). These findings highlight the critical role of respiratory health in the broader spectrum of neurodevelopmental well-being (68–73).

Excessive use of digital devices is a key factor in the increasing prevalence of poor postural habits, including forward head posture, which directly impacts airway patency (74–77). This structural change predisposes children to oral breathing and disrupts the natural mechanics of nasal breathing. In turn, the resulting hypoxia and disrupted sleep patterns due to oral breathing are likely contributing factors to worsening ADHD-like behaviors and increased sensory challenges in children with ASD (78–81).

Understanding the interaction between digital habits, oral breathing, and neurodevelopmental disorders is critical to designing effective interventions. Strategies should include regulating screen time, promoting nasal breathing through targeted therapies, and early identification of sleep-disordered breathing in at-risk populations (82–85). By addressing these interconnected factors, we can mitigate the adverse effects of modern lifestyles on children's cognitive and emotional development (86–90).

## Materials and Methods

A narrative review approach was employed to synthesize current evidence on the influence of modern lifestyles on oral breathing and its implications for neurocognitive development in children and adolescents. Clinical studies and primary research articles published between 2004 and 2024 were systematically reviewed. Data sources included three primary databases: PubMed, Scopus, and the Web of Science. Keywords used in the search included "oral breathing," "neurocognitive disorders," "digital technology," "sedentary behavior," "posture," and "pediatric cognitive development."

**Inclusion Criteria:** studies involving human subjects (particularly children and adolescents) with a focus on oral breathing and related neurocognitive disorders; research addressing lifestyle factors such as screen time, sedentary behavior, and their correlation with respiratory health; peer-reviewed randomized clinical trials, case-control studies, retrospective analyses, and prospective investigations published in English.

**Exclusion Criteria:** studies conducted on animals or involving in vitro experiments; reviews, case reports, commentaries, and letters.

Data extracted included demographic details, study design, technology usage, respiratory patterns, and neurocognitive outcomes. The collected data were critically analyzed to identify trends, key findings, and research gaps requiring further investigation.

## Discussion

### *Modern Lifestyles and Respiratory Health*

The pervasive use of digital devices in early childhood has significantly altered daily routines, reducing opportunities for physical activity and outdoor engagement. Prolonged screen exposure often leads to poor posture, affecting respiratory mechanics and promoting oral breathing

(91–96). Unlike nasal breathing, oral breathing is inefficient for oxygen exchange, which can result in hypoxia conditions detrimental to brain development and cognitive function. Furthermore, the decline in physical activity weakens respiratory muscles, exacerbating dysfunctional breathing patterns (97–104).

### *Oral Breathing and Neurocognitive Disorders*

Oral breathing profoundly affects craniofacial development, airway dynamics, and brain function (105–113, 316, 317). Nasal breathing enhances air filtration, humidification, and warming, optimizing oxygen delivery to the brain (114–116). Conversely, oral breathing reduces oxygen availability, impairing neurocognitive processes (117–122). Hypoxia and fragmented sleep patterns caused by SDB contribute to deficits in attention, memory, and executive functions. Studies reveal that children who predominantly breathe through their mouths exhibit slower cognitive development, speech delays, and difficulties in problem-solving and emotional regulation (123–129).

### *Impact of Sleep-Disordered Breathing*

Sleep disruptions, a common consequence of oral breathing, further compound neurocognitive deficits (130–136). SDB, including conditions like obstructive sleep apnea, interrupts the sleep cycle, leading to chronic fatigue and reduced cognitive efficiency. Poor sleep quality in children correlates with diminished academic performance, impaired decision-making, and delayed social skills development (137–144). Chronic sleep deprivation also hampers neural plasticity, which is critical for learning and adaptation during childhood (145–151).

### *Speech and Language Development*

The link between oral breathing and impaired speech development is well-documented (152–158). Nasal breathing supports the proper growth of oral and nasal structures essential for phonation and articulation. In contrast, chronic oral breathing can lead to malformations in craniofacial structures, negatively affecting speech clarity and fluency (159–169). These developmental challenges extend to learning difficulties and emotional dysregulation, emphasizing the interconnected nature of physical and cognitive health (20,164,170–177).

### *Role of Sedentary Behavior*

Modern lifestyles characterized by sedentary behaviors contribute to the rise in dysfunctional breathing. Limited physical activity reduces lung capacity and weakens respiratory muscles, predisposing children to oral breathing. Poor postural habits during screen use can compress the airway, further impairing respiratory efficiency. These factors collectively impact oxygen exchange, compounding the risk of neurocognitive disorders (178–188,189–191).

### *ADHD, Autism, and Oral Breathing*

Recently, there has been a growing interest in the interconnection between neurocognitive disorders, such as ADHD and autism, and ineffective breathing practices, such as oral breathing (53,192–201). Preliminary studies suggest that children with ADHD and autism show a greater predisposition to develop oral breathing patterns

due to the difficulties related to emotional regulation, attention control, and sensory management, which often characterize these conditions (202–208). The impairment of cerebral oxygenation caused by ineffective breathing can amplify common symptoms such as inattention, hyperactivity, and difficulties in emotional regulation, further exacerbated by sleep disturbances associated with oral breathing (125,209–218). These aspects indicate the importance of a multidisciplinary intervention that considers both breathing habits and the specific needs of children with ADHD and autism to support a better quality of life and cognitive development (219–222). Improving lifestyle and correcting bad behavioral habits could improve these children's social status and general health conditions. The study aims to identify and correct behaviors and habits that lead to social isolation to seek the general well-being of the individual, the family to which he belongs, and, therefore, of society (56,223–232).

### *Interventions to Mitigate the Effects of Oral Breathing*

Addressing oral breathing requires a multifaceted approach encompassing lifestyle modifications, educational initiatives, and clinical interventions (233–242). Promoting nasal breathing through awareness campaigns and targeted exercises can improve respiratory efficiency and cognitive outcomes. Encouraging outdoor play and physical activity helps strengthen respiratory muscles and reduce reliance on digital devices (243–253). Healthcare providers and educators must collaborate to foster holistic development environments, including proper posture, balanced screen time, and adequate sleep hygiene (254–259).

### *Limitations of Current Research*

The available evidence on oral breathing and neurocognitive disorders has limitations that warrant consideration. Most studies are cross-sectional, limiting the ability to establish causality. Additionally, individual variability in genetic predispositions, environmental factors, and developmental stages may affect the generalizability of findings (260–264). Parent-reported or self-reported data often introduce biases, and the role of socio-economic and cultural differences in shaping lifestyle habits is underexplored. Future research should adopt longitudinal designs and include diverse populations to address these gaps (265–272).

### *Implications for Practice and Policy*

The findings underscore the need for proactive strategies to mitigate the adverse effects of modern lifestyles on pediatric respiratory and cognitive health (273–282). Public health campaigns should emphasize the importance of balanced screen use, physical activity, and nasal breathing. Schools can integrate programs that promote outdoor play, mindfulness, and breathing exercises, creating a supportive environment for cognitive and physical development (283–287). Moreover, healthcare providers should prioritize early detection of dysfunctional breathing patterns through routine pediatric assessments (288–290). Interdisciplinary collaboration among pediatricians, speech therapists, and educators is crucial to effectively addressing these multifaceted (60,281,291,292) challenges.

### Scientific Contributions and Future Directions

This research highlights the intricate relationship between lifestyle factors, respiratory health, and cognitive development (293–301). By elucidating the role of oral breathing in neurocognitive disorders, the study provides a foundation for developing targeted interventions. Future studies should explore the interplay of genetic, environmental, and behavioral factors to refine prevention and treatment strategies (56,223–232,302–314). The emphasis on education and awareness further enhances the practical applicability of these findings, fostering healthier outcomes for pediatric populations in an increasingly digital age (315).

### Conclusions

Technological advancements and lifestyle shifts have significantly influenced childhood development in the contemporary era. The origins of oral breathing stem from anatomical, environmental, and behavioral factors, including genetic abnormalities, allergies, poor postural habits, and prolonged screen time. This improper breathing pattern is associated with developmental challenges such as delayed speech, cognitive impairments, and increased prevalence of neurodevelopmental disorders like ADHD and ASD. These conditions are exacerbated by compromised oxygen exchange, disrupted sleep patterns, and reduced attention spans, which hinder emotional regulation and social interaction. Addressing oral breathing through targeted interventions, such as promoting nasal breathing and regulating digital usage, can mitigate its adverse effects on children's cognitive and emotional development, paving the way for healthier outcomes in an increasingly digital age.

### Abbreviation

ADHD: attention deficit hyperactivity disorder  
 ASD: autism spectrum disorder  
 SDB: Sleep-Disordered Breathing

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### Data Availability Statement

Not applicable

### Conflicts of Interest

The authors declare no conflict of interest.

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